



STATE OF CALIFORNIA
DEPARTMENT OF GENERAL SERVICES - PROCUREMENT DIVISION

CONTRACT NOTIFICATION

***** MANDATORY *****

CONTRACT NUMBER: **1S-05-65-51**

DESCRIPTION: **PHARMACEUTICAL BENEFITS
MANAGER**

CONTRACTOR: **HEALTHTRANS**

EFFECTIVE DATES: **11/ 8/2005** THROUGH **11/ 8/2007**

SUPERSEDES CONTRACT NO.:

AREA: **STATEWIDE**

DISTRIBUTION:

* TAX: Add appropriate sales and use tax.
Exempt from Federal Excise Tax.

*Food contracts are tax exempt.

Rita Hamilton 03/03/06
RITA HAMILTON, Deputy Director

Use of this agreement by all agencies is mandatory with monetary exceptions stated herein or contained in State Administrative Manual.

To obtain assistance or report non-compliance by supplier, or for any suggestions or recommendations write:

Department of General Services, Procurement Division, P.O. Box 989054, W. Sacramento, CA 95798-9054,
or call: Contract Administrator, **RON LASALA** **916-375-4461, CALNET 480-4461**

TABLE OF CONTENTS

SECTION 1. OVERVIEW	Page 1
SECTION 2. SCOPE	Page 1
SECTION 3. CONTRACT USAGE/RULES	Pages 1 – 2
SECTION 4. ADMINISTRATIVE FEE/BILLING	Page 2
SECTION 5. CONTRACT MANAGEMENT	Page 3
SECTION 6. ORDERING PROCEDURE	Pages 3 – 5
SECTION 7. PRICING.....	Pages 5 – 6
SECTION 8. INVOICE AND PAYMENT.....	Page 6
SECTION 9. FUND APPROPRIATION.....	Page 7
SECTION 10. RxCMS Manual Enrollment.....	Pages 7 – 13
SECTION 11. CUSTOMER INQUIRIES.....	Page 14
SECTION 12. TRAINING	Pages 14 – 15
CONTACT INFORMATION	Pages 15
PRICE SHEETS.....	7 Pages
FORMULARY.....	4 Pages
PAYEE DATA RECORD	1 Page

Contract (Mandatory) 1S-05-65-51

PHARMACEUTICAL BENEFITS MANAGER USER INSTRUCTIONS

1. OVERVIEW

The State has awarded a statewide contract to HealthTrans a Pharmaceutical Benefits Manager (PBM). The PBM contracts with pharmacies throughout the State of California to fill pharmaceutical prescriptions at a discounted rate for parolees who are in the Parole Outpatient Clinic (POC) Program. These prescriptions will consist of predominately psychotropic pharmaceuticals; however, prescriptions may also allow for treatment of those side effects attributed to the use of psychotropic medications. Pharmaceuticals will be restricted to those drugs listed on POC's formulary. This formulary may be revised only through an amendment to the contract by the DGS – Procurement Division Contract Manager.

2. SCOPE

These user instructions apply to this contract for the two-year requirements of the State of California for PHARMACEUTICAL BENEFITS MANAGER. The contract includes two optional one-year extensions. The State and contractor must agree on the terms of the extensions.

3. CONTRACT USAGE/RULES

- a) Use of this contract is mandatory for the California Department of Corrections and Rehabilitation (CDCR). All purchases against this contract shall be exempt from the requirements of Management Memo 03-10. Please refer to Management Memo 05-11 for additional information regarding this contract and an exemption process for purchasing outside the contract by clicking on the link below.

<http://www.documents.dgs.ca.gov/pd/poliproc/ManagementMemo05-11070105.doc>

- b) Prior to placing orders against this contract, State departments must have been granted purchasing authority by DGS/PD for the use of the State's statewide contracts. The department's current purchasing authority number must be entered in the appropriate location on each purchase document. Departments that have not been granted purchasing authority by DGS/PD for the use of the State's contracts may access the Purchasing Authority Application at <http://www.pd.dgs.ca.gov/deleg/pamannual.htm> (see Chapters 1 and 13) or may contact DGS/PD's Purchasing Authority Management Section by e-mail at pams@dgs.ca.gov.

Contract (Mandatory) 1S-05-65-51

- c) Ordering State departments must adhere to all applicable state laws, regulations, policies, best practices, and purchasing authority requirements, e.g. California Codes, Code of Regulations, State Administrative Manual, Management Memos, and Purchasing Authority Manual.
- d) Local governmental agency use of this contract is optional. While the State makes this contract available to local governmental agencies, each local governmental agency should determine whether this contract is consistent with its procurement policies and regulations. The above requirements and restrictions are not applicable to local government entities.

4. ADMINISTRATIVE FEE/BILLING

The Department of General Services (DGS) directly bills each State department and local agency an administrative fee for use of statewide contracts. (You may click on "DGS Price Book" at www.dgs.ca.gov/publications for current fees.) Additionally, State departments will be billed a 10.5% fee, due to DGS' consultant, for savings realized with strategically sourced contracts. The calculation for this fee will be 10.5% of the difference between the baseline and the purchase order total (less any fees, delivery charges, and taxes). The Department of General Services will invoice separately for this fee. Note that these fees also apply to the finance cost for financed transactions. These fees are not included in the purchase order, are not invoiced by the contractor, and are not to be remitted by the department or local agency before invoices are received. The monthly usage report provided by HealthTrans to the DGS Procurement Department Contract Manager will be used to calculate the administration fees. If there are any questions please contact Ron LaSala (contact information is provided on the following page).

Contract (Mandatory) 1S-05-65-51

5. CONTRACT MANAGEMENT

Both the State and the contractor have assigned contract managers as the single points of contact for problem resolution and related contract issues.

State Contract Manager: Ron LaSala
DGS/Procurement Division
Telephone: (916) 375-4461
CAL-Net: 8-480-4461
Facsimile: (916) 375-4534
E-Mail: ron.lasala@dgs.ca.gov

HealthTrans Contract Manager: Jennifer Johnson
Western Region Account Manager
Telephone: (480) 231-6598
Facsimile: (303) 323-1032
E-Mail: jjohnson@healthtrans.com

Division of Adult Parole Operations Diana LaMotta, Chief
Health Administration Unit
Telephone: (916) 324-4210
Facsimile: (916) 445-1920
E-Mail: dianalamotta@cdcr.ca.gov

Division of Adult Parole Operations Marilee Moon-Vanni, Analyst
Health Administration Unit
Telephone: (916) 324-0081
Facsimile: (916) 445-1920
E-Mail: marilee.moon-vanni-02@cdcr.ca.gov

6. ORDERING PROCEDURE

a. Prescription Fill Process

The CDCR prescribers faxes or calls the Rx in to the Pharmacy. The Rx must include the name of the member, CDC/member number, the group ID number (CPP0000), the prescriber's name, the prescriber's DEA # in addition to the prescribed drug. If there is primary coverage with Medi-Cal, this should be indicated as well. The Pharmacy enters the Rx into the claim system and submits to HealthTrans. HealthTrans adjudicates the claim based on the plan, rules and edits. HealthTrans then sends a paid or denied/rejected message back to the pharmacy. If the message is a denied/rejected message, the pharmacy will reprocess based on the reasons for denial. HealthTrans will adjudicate the Rx and message back to the pharmacy once again. If the message is paid, the pharmacy will process the Rx.

Contract (Mandatory) 1S-05-65-51

The member gives the pharmacy their CDCR/member number and the Rx is distributed to the member.

b. Benefit Coverage Update Process

The CDCR authorized administrator decides to make an update to the current formulary. This list of updates must include drug name, strength, and form. In addition, the effective date must be determined. If the change is only for a term, the term dates must be determined. This update is communicated to HealthTrans Client Services (CS) via fax (303) 221-775 or email htclientservices@healthtrans.com. CS creates an ElemenTool (ET) or record of the change request. The ET number is given to the CDCR for future reference. The update is scheduled in the work queue. The update is then placed into the system and tested. The CDCR is notified that the change has been completed. The ET is then closed. The estimated completion time from the point the ET is created and closed is not to exceed 10 business days.

c. Prescribers Update Process

The CDCR authorized administrator decides to make an update to the current list of prescribers. This update must include the doctor's name, DEA #, and region #. In addition, the effective date must be determined. If the change is only for a term, the term dates must be determined. This update is communicated to HealthTrans Client Services (CS) via fax (303) 221-775 or email htclientservices@healthtrans.com. CS creates an ElemenTool (ET) for record of the change. The ET number is given to the CDCR for future reference. The update is scheduled in the work queue. The update is then placed into the system and tested. The CDCR is notified that the change has been completed. The ET is then closed. The estimated completion time from the point the ET is created and closed is not to exceed 10 business days.

d. Client Issue Resolution Process

The CDCR discovers an issue that needs resolution. This issue is communicated to HealthTrans Client Services (CS) via phone or email. CS creates an ElemenTool (ET) or record of the issue. The ET number is given to the CDCR authorized administrator for future reference. The issue is scheduled in the work queue according to severity. The issue is evaluated and addressed appropriately. The CDCR is notified that the issue has been resolved. The ET is then closed. The estimated completion time from the point the ET is created and closed is dependant upon the severity and scope of the issue.

Contract (Mandatory) 1S-05-65-51

Prior Authorization Process

The CDCR is notified that a member requires an exception to the current plan. The CDCR identifies the member and the exception needed. A HealthTrans Prior Authorization (PA) request form is then retrieved. Physicians are able to find a copy of the form through the following link on HealthTrans website:

<http://www.healthtrans.com/pages/priorauth.html>.

Under the "Operational" section, physicians can choose the "General PA Form". If the PA is for a specific drug, a specific form can also be found under the link provided. The CDCR will download the desired form below and fax the form back to the HealthTrans Prior Authorization Group at 877-800-5633. Physicians who do not have access to the internet can call HealthTrans PA department (866-805-1690) and a form will be faxed. The PA Group enters the override exception into RxCMS and confirms that the exception is active in the system. The member is then able to process the Rx.

7. PRICING

The pricing is structured by Branded Drugs, Generic Drugs, and Fees as follows:

1. Branded Drugs:
 - Percentage Discount of AWP will be applied to all branded drugs. This value will be fixed for the term of the contract.
 - A rebate to the State will be given on all branded drugs. These rebate values will be fixed for the term of the contract.
 - Refer to the Pricing Sheets.
2. Generic Drugs:
 - Percentage Discount of AWP will be applied to all generic drugs. This value will be fixed for the term of the contract.
 - For drugs that are subject to Maximum Allowable Cost (MAC), the values may not be increased for the FIRST SIX (6) MONTHS of the contract term. After the first six (6) months, MAC's can be changed according to changes in the agreement between the PBM and the network pharmacies.
 - For drugs that are not subject to MAC, a Weighted Average AWP across all manufacturers will be used for the same generic drug. Weighted Average AWP values will serve as the AWP ceiling for the FIRST SIX (6) MONTHS of the contract term. After the first six (6) months, the AWP ceiling will be removed.
 - Refer to the Pricing Sheets.

Contract (Mandatory) 1S-05-65-51

3. Fees:

- The Dispensing Fee will be paid to the pharmacy network on a per script basis for Generic Drugs. The dispensing fee of \$2.50 per script is the guaranteed maximum; however this fee may fluctuate to a lower value throughout the contract term.
- The Administrative Service Fee will be applied on a per script basis. This value will be fixed for the term of the contract.
- The Implementation Fee is waived for this contract.
- A Drug Utilization Review (DUR) fee of \$0.10 per script will be charged for every script requiring DUR. This value will be fixed for the term of the contract.
- Refer to the Pricing Sheets.

8. INVOICING and PAYMENT

Invoices for payment shall be submitted monthly to CDCR Headquarters with a summary bill to each region. Headquarters shall make payment upon verification by region, within 45 days of an undisputed invoice.

Headquarters

Department of Corrections and Rehabilitation
Division of Adult Parole Operations
Attn: Diana LaMotta
1515 "S" Street, Room 212N
Sacramento, CA 95814

Each line item on the invoice shall include the following information:

- Contract number
- The account number billed. (Regional Accounting Office Billing Code)
- The parolee's name.
- The Department of Correction identification number for the parolee.
- The prescribing physicians name.
- The prescribed drug, dosage, date dispensed.
- The contracted price for each drug dispensed.
- AWP at the time of sale.
- Discounts.

NOTE: HealthTrans produces the required invoices and financial detailed statements for the Department of Correction every two weeks. This information

Contract (Mandatory) 1S-05-65-51

includes the total invoice for the given period and the individual regional detailed statements. These invoices are placed on CDCR's SFTP site for notification. The detailed regional statements are reviewed and approved by each region.

A copy of the contractor's Payee Data Record is included as Page 24 of this guide. The contractor's California Sales and Use Tax Seller's Permit Number is 11607572. State departments and local governmental agencies can verify that the permit is still valid at <http://www.boe.ca.gov/>.

9. FUND APPROPRIATION

The State's obligation to pay is solely from funds appropriated for the acquisition of the products on this contract. If the term of this contract extends into fiscal years subsequent to that in which it is approved, such continuation of the contract is contingent on the appropriation of funds for such purpose by the Legislature. If funds are not appropriated for future fiscal years, the contract dollar amount will be reduced accordingly. Receipt of a contract delegation order or purchase order under the contract is proof of availability of funds for that order.

10. RxCMS Manual Enrollment Process

Miscellaneous Definitions & Terminology:

Enrollment – adding members into the system, making them eligible for benefits.

Eligibility – verifying if a member is eligible to utilize the benefit.

Patient Demographic – member info

Patient Coverage – benefit info



Green Flag - the active record that the system will reference.



Delete Symbol - the record has been deleted and will no longer be referenced by the system.



Add Blank Row – inserts a new record so that a group id or member id may be changed.



Copy Current Row – copies the current record, allowing updates to be made to specific fields.

Contract (Mandatory) 1S-05-65-51



Delete Current Row – this will delete the current record.

To enter the claim system:

1. Connect to the Internet.
2. Go to the claim system web page: www.healthtrans.com
3. Locate the member login area on the left of the page.
4. Enter your Member id (user name) and password, click **Login**.
5. From the left column under **Applications**, select **RxCMS**. It will take a few minutes to bring up the next screen.
6. When the dialog box appears, re-enter your user name and password, click **OK**.
7. Use the tool bar to navigate to the various screens (see additional instructions).

Entering new members:

1. Log into the claim system.
2. Enter the **Patient Search** screen by clicking the following icon on your toolbar:
3. The following screen will open:

The screenshot shows a web application window titled "Pharmacy Benefit System". The main content area is titled "Patient Search". It contains several input fields for searching: "Last Name:", "First Name:", "Cardholder ID Alias:", "Client ID:", "Group ID:", and "Cardholder ID:". Below these fields is a table with columns: "Last Name", "First Name", "Initial", "Birth Date", "Client", and "Group". The table is currently empty. At the bottom of the form, there are four buttons: "New", "Open", "Reset", and "Search". The status bar at the bottom left of the window says "Ready".

Contract (Mandatory) 1S-05-65-51

4. First, it is necessary to determine whether or not the member has already been added. Enter the cardholder id, cardholder id alias or first and last name in the appropriate box to ensure that the member hasn't already been added. Click **Search**. If the member record is found, proceed to the "[Update existing member records](#)" section, otherwise, proceed to step # 5.
5. Begin with the member DEMOGRAPHIC record. Click **New**. The record will open to the **Base** tab. Enter the subscriber information into the following fields:
 - **Effective Date** (BE CAREFUL – this field automatically defaults to today's date!)
 - **Termination Date** (if applicable)
 - **First Name**
 - **Last Name**
 - **Birth Date**
 - **Gender**

The remaining fields are optional. The information may be entered if it is available.

6. Click the **Save** icon when complete.
7. Next, click on the **Address** tab. The following screen will open:

The screenshot displays the 'Pharmacy Benefit System' application window. The title bar indicates 'Patient Demographic [New] [Internet Patient ID: 4412]'. The form is divided into two main tabs: 'Base' and 'Address'. The 'Base' tab is currently active. On the left side of the 'Base' tab, there is a vertical menu with options: Business, Card Mailing, Mailing, Member Submitted Claims, Other, Residential (which is highlighted), and Temporary. The main content area of the 'Base' tab contains several input fields. At the top, there are fields for 'Address:', 'Effective Date:' (pre-filled with 09/23/2003), and 'Termination Date:'. Below these are fields for 'Mail Stop:', 'City:', 'Country:' (a dropdown menu), 'Province / State:' (a dropdown menu), 'Postal / Zip Code:', 'Municipality:', and 'Attention:'. At the bottom of the 'Base' tab, there is a section for 'Phone No.', 'Extension', 'Effective Date', and 'Termination Date'. The 'Effective Date' in this section is pre-filled with 09/23/2003. A green checkmark icon is visible next to the 'Termination Date' field. The 'Address' tab is visible but not active.

Contract (Mandatory) 1S-05-65-51

8. Select **Card Mailing** from the left column. This should contain the primary mailing address for member, as it will be used for all cards and correspondence.
9. Enter the following information:
 - **Effective Date** (BE CAREFUL – this field automatically defaults to today's date!)
 - **Termination Date** (if applicable)
 - **Address**
 - **City**
 - **Province / State**
 - **Country**
 - **Postal / Zip Code**

The remaining fields are optional. The information may be entered if it is available.

10. Click the **Save** icon when complete.
11. Next, it is necessary to link the demographic information to a coverage record. ***Without closing*** out of the demographic record, go to **Navigate > Coverage**. If the demographic is closed, you will need to search for the

record and re-open it to create the link.

Contract (Mandatory) 1S-05-65-51

12. The record will open to the **Enrollment** tab. Enter the benefit information into the following fields:
 - **Effective Date**
Should contain the effective date of the record (BE CAREFUL – this field automatically defaults to today's date!)
 - **Termination Date**
Should contain the termination date of the record (if applicable)
 - **To the left of the Effective Date**
Select "Subscriber", "Spouse", or "Dependent."
 - **Group id** (subscribers only)
Enter the group id via the drop down box. This will open the Group Search screen. Enter the group id and click **Search**. Click on the group that you wish to select, and then click **Select**. You will be returned to the Patient Coverage screen.
 - **Plan id** (subscribers only)
Enter from the drop down box.
 - **Cardholder id** (subscribers only)
Should contain the subscriber's identification number. May be Social Security number or other ID as assigned.
 - **Level** (subscribers only)
 - **Payer** (subscribers only)
 - **Drug Coverage Effective Date**
Must be the same as the record effective date (upper right corner)
 - **Drug Coverage Termination Date**
Must be the same as the record termination date (upper right corner)

13. Click the **Save** icon when complete.

Update existing member records:

1. Log into the claim system.
2. Enter the **Patient Search** screen by clicking the following icon on your



Contract (Mandatory) 1S-05-65-51

toolbar:

3. Enter the cardholder id, cardholder id alias, or first and last name in the appropriate box, click **Search**.
4. Select the member that you wish to update. If you're updating the benefit information, double-click on the member to open the coverage screen. If you're updating the member information, go to **Navigate > Demographics**.
5. If you are updating the group or member id, click on the **Add Blank Row**



icon in the patient coverage screen to open the additional fields:

6. To update all other information in either screen, click on the **Copy Current Row** icon:



7. Enter the record effective date (don't forget, this automatically defaults to today's date!) and any additional information that you wish to update.
8. Confirm that the correct **Drug Coverage Effective Date** is being used. If this record has been copied, it will default to the effective date of the copied record. If a new record has been created, it defaults to today's date.
9. Click the **Save** icon when complete.

Miscellaneous Tips

- When searching for member records, asterisks may be used to broaden the search criteria.
- Be careful with your dates! Demographic and coverage records are "grouped" by record effective date and listed in order by date and time created. Therefore, the record created last, with the latest effective date becomes the "top" demographic or coverage record. Information from the "top" records will be displayed in the "Patient Search" screen, even though it is not the "active" record.
- When changing member or group ids, the existing records should be updated to retain the member history. DO NOT create new records.

Contract (Mandatory) 1S-05-65-51

- Search carefully before adding new members! Be sure to search by name and member id and always double check to ensure that you entered the information correctly. Duplicated members will cause issues for claim and batch enrollment processing.
- A **User Stamp** is located at the bottom of each record. It indicates when the record was created and / or modified, as well as the person making the change. To read member history, follow the "user stamp". Pay attention to the "Created by" and "Modified by" dates and times.
- Prior to saving any record, always double-check your information. The more records that are added to the system, the more confusing they can be to understand.
- When correcting errors, be careful if you are deleting records. A record should be deleted only if no claims have processed and it should never have existed.
- Member id changes must be done in dependent to subscriber order. Term the old member id from the dependent records, then term and update the subscriber information. Once completed, the dependent records should be updated with the new id.

Contract (Mandatory) 1S-05-65-51

11. CUSTOMER INQUIRIES

HealthTrans customer service shall respond to user inquiries within one business day of receipt of initial contact. These inquiries can include, but not limited to: product information, billing disputes or problems, pricing information, adding or deleting parolees, addresses and numbers.

If HealthTrans fails to respond within one business day, the user may elevate this issue to the DGS-PD Contract Manager. The Contract Manager will then contact the customer service representative. If the problem is not resolved with the customer service representative, the Contract Manager will then contact the contractor's Contract Manager who shall have the authority to immediately resolve any inquiries that have not been resolved in a timely manner.

Please note the following:

- After the contractor's Contract Manager has been notified and the contractor has not yet contacted the user within the required one day (now two days since first attempt to contact), the DGS Procurement Division Contract Manager will make an attempt to contact the contractor's regional corporate office via telephone calls, e-mails, written notification or facsimile to advise of the contractor organization's non-responsiveness.
- A contractor's regional corporate office representative shall thereupon cause the customer service representative to respond within 24 hours to the user. In addition, the contractor shall, within five working days of contact, advise the Contract Manager, in writing, of action taken to correct the non-responsive situation.
- If, in any three month period during the term of the contract, the Contract Manager contacts the contractor's regional corporate officer three or more times because of non-responsiveness as described above, the State may seek remedies under the General Provisions.

12. TRAINING

The Contractor shall meet the following requirements:

- HealthTrans must provide comprehensive training on all aspects of data reporting and system usage.
- Areas of training will include but are not limited to the software.
- Training courses shall be started within 60 days after award of contract on dates mutually agreed upon between the contractor and each of the four region coordinators.

Contract (Mandatory) 1S-05-65-51

- Training must be available at a minimum of once a year for each of the four regions.
- Training will occur in all four (4) parolee regions and headquarters (Regional Headquarter Offices exhibit in Section 5 Forms and Exhibits) and at no cost to the State.
- Contractor shall be responsible for training up to four (4) staff members from each of the four (4) Parole Regions and headquarters.
- The contractor shall provide all training materials for the (4) regions. Training materials may be either in hard copy form or available online in printable format. The contractor shall update the training materials on an ongoing basis as technology and needs change throughout the life of the contract.
- Contractor will be responsible for all costs (travel, materials, etc.) associated with providing training to designated State employees.

CONTACT INFORMATION

Client Services

Telephone Number	877. 717.0919	Hours of Operation 6am to 5pm MT
After Hours Telephone Number – <i>Should only be used for emergencies</i>	877.456.3539	Hours of Operation after 5pm MT
Fax Number	303.221.7775	
Email	htclientservices@healthtrans.com	

Prior Authorization Department

Telephone Number	866.805.1690
Fax Number	877.800.5633
Website	http://www.healthtrans.com/pages/priorauth.html

1. Branded Drugs

PBM Pricing Worksheet 1: Branded Drugs

Percentage discount off AWP that will be applied to all Branded Drugs (in %)	15.50%
--	--------

Item #	Drug Name	Strength	Rebate per script
0	DRUG XYZ	100MG	\$7.50
1	ARIPIRAZOLE	5MG	\$88.42
2	ARIPIRAZOLE	10MG	\$88.42
3	ARIPIRAZOLE	15MG	\$88.42
4	ARIPIRAZOLE	20MG	\$125.03
5	ARIPIRAZOLE	30MG	\$125.03
6	ATOMOXETINE HCL	10MG	\$26.46
7	ATOMOXETINE HCL	18MG	\$26.46
8	ATOMOXETINE HCL	25MG	\$26.46
9	ATOMOXETINE HCL	40MG	\$26.46
10	ATOMOXETINE HCL	60MG	\$26.46
11	DIVALPROEX SODIUM	125MG	\$5.31
12	DIVALPROEX SODIUM	250MG	\$10.42
13	DIVALPROEX SODIUM	500MG	\$19.22
14	DIVALPROEX SODIUM DELAYED	250MG	\$10.42
15	DIVALPROEX SODIUM DELAYED	500MG	\$18.33
16	DULOXETINE HCL	20MG	\$24.38
17	DULOXETINE HCL	30MG	\$27.36
18	DULOXETINE HCL	60MG	\$27.36
19	ESCITALOPRAM OXALATE	10MG	\$18.65
20	ESCITALOPRAM OXALATE	20MG	\$19.46
21	FLUOXETINE HCL/OLANZAPINE	25MG-6MG	\$66.11
22	FLUOXETINE HCL/OLANZAPINE	50MG-6MG	\$66.11
23	OLANZAPINE	2.5MG	\$46.65
24	OLANZAPINE	5MG	\$55.09
25	OLANZAPINE	7.5MG	\$67.00
26	OLANZAPINE	10MG	\$82.94
27	OLANZAPINE	15MG	\$124.42
28	OLANZAPINE	20MG	\$165.65
29	OLANZAPINE ZYDIS	5MG	\$64.50
30	OLANZAPINE ZYDIS	10MG	\$92.35
31	OLANZAPINE ZYDIS	15MG	\$133.82
32	OLANZAPINE ZYDIS	20MG	\$175.06
33	OXCARBAZEPINE	150MG	\$9.20
34	OXCARBAZEPINE	300MG	\$16.80
35	OXCARBAZEPINE	600MG	\$30.88
36	QUETIAPINE FUMARATE	25MG	\$14.29
37	QUETIAPINE FUMARATE	100MG	\$24.98
38	QUETIAPINE FUMARATE	200MG	\$47.13
39	QUETIAPINE FUMARATE	300MG	\$61.79
40	RISPERIDONE	0.25MG	\$25.71
41	RISPERIDONE	0.5MG	\$28.21
42	RISPERIDONE	1MG	\$29.99
43	RISPERIDONE	2MG	\$46.95
44	RISPERIDONE	3MG	\$55.15
45	RISPERIDONE	4MG	\$74.07
46	RISPERIDONE ODT	0.5MG	\$29.47
47	RISPERIDONE ODT	1MG	\$34.44

1. Branded Drugs

Item #	Drug Name	Strength	Rebate per script
48	RISPERIDONE ODT	2MG	\$55.46
49	SERTRALINE HCL	25MG	\$23.17
50	SERTRALINE HCL	50MG	\$23.17
51	SERTRALINE HCL	100MG	\$23.17
52	TIAGABINE HCL	2MG	\$16.00
53	TIAGABINE HCL	4MG	\$16.00
54	TIAGABINE HCL	12MG	\$20.56
55	TIAGABINE HCL	16MG	\$27.12
56	TOPIRAMATE	25MG	\$14.09
57	TOPIRAMATE	100MG	\$38.41
58	TOPIRAMATE	200MG	\$44.97
59	TRAZODONE HCL DIVIDOSE	150MG	\$0.00
60	VENLAFAXINE HCL	25MG	\$14.05
61	VENLAFAXINE HCL	37.5MG	\$14.47
62	VENLAFAXINE HCL	50MG	\$14.91
63	VENLAFAXINE HCL	75MG	\$15.80
64	VENLAFAXINE XR	37.5MG	\$23.36
65	VENLAFAXINE XR	75MG	\$26.16
66	ZIPRASIDONE	40MG	\$39.43
67	ZIPRASIDONE	60MG	\$42.95
68	ZIPRASIDONE	80MG	\$42.95
69	ZOLPIDEM TARTRATE	10MG	\$27.16

2. Generic Drugs

PBM Pricing Worksheet 2: Generic Drugs

Percentage discount off AWP that will be applied to all Generic Drugs (in %)

62.00%

Note: Items highlighted in green are liquids.

ENTER A VALUE INTO ONLY ONE OF THE TWO COLUMNS BELOW

Item #	Drug Name	Strength	If subject to MAC, MAC per 100 Units (pills or milliliters) (in \$)	If not subject to MAC, Weighted Avg AWP Ingredient Cost per 100 Units (pills or milliliters) (in \$)
0	DRUG XYZ	100MG	\$7.00	
1	AMANTADINE HCL, 480ML	50MG/5ML	\$6.21	
2	FLUOXETINE HCL, 120ML	20MG/5ML	\$29.59	
3	FLUPHENAZINE DECANOATE, 5ML	25MG/ML		\$500.00
4	FLUPHENAZINE HCL, 120ML	5MG/ML		\$89.11
5	FLUPHENAZINE HCL, 480ML	2.5MG/5ML		\$30.02
6	HALOPERIDOL DECANOATE, 10ML	100MG/ML		\$3,608.30
7	HALOPERIDOL DECANOATE, 5ML	100MG/ML		\$3,608.30
8	HYDROXYZINE HCL, 480ML	10MG/5ML		\$5.03
9	LITHIUM CITRATE SYRUP, 480ML	300MG/5ML		\$13.98
10	VALPROIC ACID, 480ML	250MG/5ML		\$12.08
11	AMANTADINE HCL	100MG	\$31.09	
12	AMITRIPTYLINE HCL	10MG	\$2.74	
13	AMITRIPTYLINE HCL	25MG	\$2.56	
14	AMITRIPTYLINE HCL	50MG	\$3.12	
15	AMITRIPTYLINE HCL	75MG	\$4.34	
16	AMITRIPTYLINE HCL	100MG	\$4.50	
17	AMITRIPTYLINE HCL	150MG	\$14.25	
18	AMITRIPTYLINE/PERPHENAZINE	10-2MG	\$5.84	
19	AMITRIPTYLINE/PERPHENAZINE	25-2MG	\$7.93	
20	AMITRIPTYLINE/PERPHENAZINE	50-4MG		\$64.37
21	BENZTROPINE MESYLATE	0.5MG	\$7.90	
22	BENZTROPINE MESYLATE	1MG	\$12.03	
23	BENZTROPINE MESYLATE	2MG	\$10.27	
24	BUPROPION HCL	75MG	\$23.94	
25	BUPROPION HCL	100MG	\$23.94	
26	BUSPIRONE HCL	5MG	\$11.65	
27	BUSPIRONE HCL	10MG	\$11.65	
28	BUSPIRONE HCL	15MG	\$17.16	
29	BUSPIRONE HCL	30MG	\$71.19	
30	CARBAMAZEPINE	100MG	\$14.95	
31	CARBAMAZEPINE	200MG	\$12.75	
32	CHLORPROMAZINE HCL	50MG		\$65.30
33	CHLORPROMAZINE HCL	100MG		\$64.50
34	CHLORPROMAZINE HCL	200MG		\$102.00
35	CITALOPRAM HBR	10MG	\$39.34	
36	CITALOPRAM HBR	20MG	\$41.38	
37	CITALOPRAM HBR	40MG	\$43.83	
38	CLOMIPRAMINE HCL	25MG	\$41.65	
39	CLONAZEPAM	0.5MG	\$5.40	
40	CLONAZEPAM	1MG	\$8.13	
41	CLONAZEPAM	2MG	\$19.96	

2. Generic Drugs

Item #	Drug Name	Strength	If subject to MAC, MAC per 100 Units (pills or milliliters) (in \$)	If not subject to MAC, Weighted Avg AWP Ingredient Cost per 100 Units (pills or milliliters) (in \$)
42	CLONIDINE HCL	0.1MG	\$9.38	
43	CLONIDINE HCL	0.2MG	\$13.41	
44	CLOZAPINE	25MG		\$129.43
45	CLOZAPINE	100MG		\$332.80
46	DESIPRAMINE HCL	50MG	\$34.92	
47	DESIPRAMINE HCL	75MG	\$42.57	
48	DIAZEPAM	2MG	\$2.56	
49	DIAZEPAM	5MG	\$3.25	
50	DIAZEPAM	10MG	\$4.90	
51	DIPHENHYDRAMINE	25MG	\$1.61	
52	DIPHENHYDRAMINE HCL	25MG	\$1.61	
53	DIPHENHYDRAMINE HCL	50MG	\$2.70	
54	DOXEPIN HCL	75MG	\$11.60	
55	DOXEPIN HCL	100MG	\$15.18	
56	DOXEPIN HCL	150MG	\$25.00	
57	DOXEPIN HCL	10MG	\$4.81	
58	DOXEPIN HCL	25MG	\$5.59	
59	DOXEPIN HCL	50MG	\$8.27	
60	FLUOXETINE HCL	10MG	\$10.00	
61	FLUOXETINE HCL	20MG	\$10.00	
62	FLUOXETINE HCL	40MG	\$134.52	
63	FLUPHENAZINE HCL	2.5MG	\$23.35	
64	FLUPHENAZINE HCL	10MG	\$36.79	
65	FLUPHENAZINE HCL	5MG	\$29.99	
66	FLUVOXAMINE MALEATE	25MG	\$74.03	
67	FLUVOXAMINE MALEATE	50MG	\$75.83	
68	FLUVOXAMINE MALEATE	100MG	\$79.53	
69	GABAPENTIN	100MG	\$41.41	
70	GABAPENTIN	300MG	\$99.88	
71	GABAPENTIN	400MG	\$115.40	
72	GABAPENTIN	600MG	\$164.41	
73	GABAPENTIN	800MG	\$199.42	
74	HALOPERIDOL	0.5MG	\$6.18	
75	HALOPERIDOL	1MG	\$7.86	
76	HALOPERIDOL	2MG	\$9.80	
77	HALOPERIDOL	5MG	\$10.84	
78	HALOPERIDOL	10MG	\$115.00	
79	HALOPERIDOL	20MG		\$290.69
80	HYDROXYZINE HCL	10MG	\$31.48	
81	HYDROXYZINE HCL	25MG	\$50.54	
82	HYDROXYZINE HCL	50MG	\$62.09	
83	HYDROXYZINE PAMOATE	25MG	\$6.26	
84	HYDROXYZINE PAMOATE	50MG	\$8.28	
85	HYDROXYZINE PAMOATE	100MG	\$27.49	
86	IMIPRAMINE HCL	10MG	\$14.94	
87	IMIPRAMINE HCL	25MG	\$22.13	
88	IMIPRAMINE HCL	50MG	\$33.81	
89	LITHIUM CARBONATE	150MG		\$13.97
90	LITHIUM CARBONATE	300MG	\$11.00	

2. Generic Drugs

Item #	Drug Name	Strength	If subject to MAC, MAC per 100 Units (pills or milliliters) (in \$)	If not subject to MAC, Weighted Avg AWP Ingredient Cost per 100 Units (pills or milliliters) (in \$)
91	LITHIUM CARBONATE	450MG		\$52.90
92	LITHIUM CARBONATE	600MG		\$39.11
93	LORAZEPAM	0.5MG	\$8.98	
94	LORAZEPAM	1.0MG	\$10.27	
95	LORAZEPAM	2.0MG	\$46.20	
96	LOXAPINE	50MG	\$131.20	
97	LOXAPINE SUCCINATE	10MG	\$64.79	
98	LOXAPINE SUCCINATE	25MG	\$98.43	
99	LOXAPINE SUCCINATE	50MG	\$131.20	
100	MIRTAZAPINE	15MG	\$54.03	
101	MIRTAZAPINE	30MG	\$64.09	
102	MIRTAZAPINE	45MG	\$67.92	
103	NEFAZODONE HCL	100MG	\$32.52	
104	NEFAZODONE HCL	200MG	\$33.15	
105	NORTRIPTYLINE HCL	25MG	\$14.95	
106	NORTRIPTYLINE HCL	50MG	\$14.03	
107	NORTRIPTYLINE HCL	75MG	\$18.78	
108	PAROXETINE HCL	10MG	\$110.00	
109	PAROXETINE HCL	20MG	\$110.00	
110	PAROXETINE HCL	30MG	\$138.55	
111	PAROXETINE HCL	40MG	\$138.55	
112	PEMOLINE	18.75MG		\$90.59
113	PEMOLINE	37.5MG		\$136.88
114	PEMOLINE	75MG		\$240.87
115	THIORIDAZINE HCL	50MG	\$28.31	
116	THIOTHIXENE	2MG	\$9.94	
117	THIOTHIXENE	5MG	\$14.45	
118	THIOTHIXENE	10MG	\$21.13	
119	TRAZODONE HCL	50MG	\$5.25	
120	TRAZODONE HCL	100MG	\$7.89	
121	TRAZODONE HCL	150MG	\$24.84	
122	TRAZODONE HCL	300MG		\$570.33
123	TRIFLUOPERAZINE HCL	2MG	\$33.00	
124	TRIFLUOPERAZINE HCL	5MG	\$53.98	
125	TRIFLUOPERAZINE HCL	10MG	\$50.00	
126	TRIHENXYPHENIDYL HCL	2MG	\$11.05	
127	TRIHENXYPHENIDYL HCL	5MG	\$19.15	
128	VALPROIC ACID	250MG	\$32.16	

PBM Pricing Worksheet 3: Fees

Provide the Dispensing Fee that will be paid to the pharmacy network on a per script basis for Branded Drugs (in \$).

Provide the Administrative Service Fee that will be applied on a per script basis (in \$) to cover the required Administrative Services as described in Section 2 of the eRFP.

Specify the Implementation Fee that will apply for establishing service as the State's PBM (one-time fee).

List any additional services that you offer that are not included in the above fee and provide the fees associated with each of these

[illegible]

Exhibit 5.15 - POC Formulary 5/11/2005

Generic Name	Brand/Generic	Brand Name	Liquid/Pill	Strength
AMANTADINE HCL	G		L	50MG/5ML
AMANTADINE HCL	G		P	100MG
AMITRIPTYLINE HCL	G		P	100MG
AMITRIPTYLINE HCL	G		P	10MG
AMITRIPTYLINE HCL	G		P	150MG
AMITRIPTYLINE HCL	G		P	25MG
AMITRIPTYLINE HCL	G		P	50MG
AMITRIPTYLINE HCL	G		P	75MG
AMITRIPTYLINE/PERPHENAZINE	G		P	10-2MG
AMITRIPTYLINE/PERPHENAZINE	G		P	25-2MG
AMITRIPTYLINE/PERPHENAZINE	G		P	50-4MG
ARIPIRAZOLE	B	ABILIFY	P	10MG
ARIPIRAZOLE	B	ABILIFY	P	15MG
ARIPIRAZOLE	B	ABILIFY	P	20MG
ARIPIRAZOLE	B	ABILIFY	P	30MG
ARIPIRAZOLE	B	ABILIFY	P	5MG
ATOMOXETINE HCL	B	STRATTERA	P	10MG
ATOMOXETINE HCL	B	STRATTERA	P	18MG
ATOMOXETINE HCL	B	STRATTERA	P	25MG
ATOMOXETINE HCL	B	STRATTERA	P	40MG
ATOMOXETINE HCL	B	STRATTERA	P	60MG
BENZTROPINE MESYLATE	G		P	0.5MG
BENZTROPINE MESYLATE	G		P	1MG
BENZTROPINE MESYLATE	G		P	2MG
BUPROPION HCL	G		P	100MG
BUPROPION HCL	G		P	75MG
BUSPIRONE HCL	G		P	10MG
BUSPIRONE HCL	G		P	15MG
BUSPIRONE HCL	G		P	30MG
BUSPIRONE HCL	G		P	5MG
CARBAMAZEPINE	G		P	100MG
CARBAMAZEPINE	G		P	200MG
CHLORPROMAZINE HCL	G		P	100MG
CHLORPROMAZINE HCL	G		P	200MG
CHLORPROMAZINE HCL	G		P	50MG
CITALOPRAM HBR	G		P	10MG
CITALOPRAM HBR	G		P	20MG
CITALOPRAM HBR	G		P	40MG
CLOMIPRAMINE HCL	G		P	25MG
CLONAZEPAM	G		P	0.5MG
CLONAZEPAM	G		P	1MG
CLONAZEPAM	G		P	2MG
CLONIDINE HCL	G		P	0.1MG
CLONIDINE HCL	G		P	0.2MG
CLOZAPINE	G		P	100MG
CLOZAPINE	G		P	25MG
DESIPRAMINE HCL	G		P	50MG
DESIPRAMINE HCL	G		P	75MG
DIAZEPAM	G		P	10MG
DIAZEPAM	G		P	2MG
DIAZEPAM	G		P	5MG
DIPHENHYDRAMINE	G		P	25MG
DIPHENHYDRAMINE HCL	G		P	25MG
DIPHENHYDRAMINE HCL	G		P	50MG
DIVALPROEX SODIUM	B	DEPAKOTE	P	125MG
DIVALPROEX SODIUM	B	DEPAKOTE	P	250MG
DIVALPROEX SODIUM	B	DEPAKOTE	P	500MG
DIVALPROEX SODIUM DELAYED	B	DEPAKOTE	P	250MG
DIVALPROEX SODIUM DELAYED	B	DEPAKOTE	P	500MG

Generic Name	Brand/Generic	Brand Name	Liquid/Pill	Strength
DOXEPIN HCL	G		P	100MG
DOXEPIN HCL	G		P	150MG
DOXEPIN HCL	G		P	75MG
DOXEPIN HCL	G		P	10MG
DOXEPIN HCL	G		P	25MG
DOXEPIN HCL	G		P	50MG
DULOXETINE HCL	B	CYMBALTA	P	20MG
DULOXETINE HCL	B	CYMBALTA	P	30MG
DULOXETINE HCL	B	CYMBALTA	P	60MG
ESCITALOPRAM OXALATE	B	LEXAPRO	P	10MG
ESCITALOPRAM OXALATE	B	LEXAPRO	P	20MG
FLUOXETINE HCL	G		L	20MG/5ML
FLUOXETINE HCL	G		P	10MG
FLUOXETINE HCL	G		P	20MG
FLUOXETINE HCL	G		P	40MG
FLUOXETINE HCL/OLANZAPINE	B	SYMBYAX	P	25MG-6MG
FLUOXETINE HCL/OLANZAPINE	B	SYMBYAX	P	50MG-6MG
FLUPHENAZINE DECANOATE	G		L	25MG/ML
FLUPHENAZINE HCL	G		L	2.5MG/5ML
FLUPHENAZINE HCL	G		L	5MG/ML
FLUPHENAZINE HCL	G		P	10MG
FLUPHENAZINE HCL	G		P	2.5MG
FLUPHENAZINE HCL	G		P	5MG
FLUVOXAMINE MALEATE	G		P	25MG
FLUVOXAMINE MALEATE	G		P	100MG
FLUVOXAMINE MALEATE	G		P	50MG
GABAPENTIN	G		P	300MG
GABAPENTIN	G		P	400MG
GABAPENTIN	G		P	600MG
GABAPENTIN	G		P	800MG
GABAPENTIN	G		P	100MG
HALOPERIDOL	G		P	0.5MG
HALOPERIDOL	G		P	1MG
HALOPERIDOL	G		P	20MG
HALOPERIDOL	G		P	2MG
HALOPERIDOL	G		P	5MG
HALOPERIDOL	G		P	10MG
HALOPERIDOL DECANOATE	G		L	100MG/ML
HALOPERIDOL DECANOATE	G		L	100MG/ML
HYDROXYZINE HCL	G		L	10MG/5ML
HYDROXYZINE HCL	G		P	10MG
HYDROXYZINE HCL	G		P	25MG
HYDROXYZINE HCL	G		P	50MG
HYDROXYZINE PAMOATE	G		P	100MG
HYDROXYZINE PAMOATE	G		P	25MG
HYDROXYZINE PAMOATE	G		P	50MG
IMIPRAMINE HCL	G		P	10MG
IMIPRAMINE HCL	G		P	25MG
IMIPRAMINE HCL	G		P	50MG
LITHIUM CARBONATE	G		P	150MG
LITHIUM CARBONATE	G		P	300MG
LITHIUM CARBONATE	G		P	450MG
LITHIUM CARBONATE	G		P	600MG
LITHIUM CITRATE SYRUP	G		L	8MEQ/5ML
LORAZEPAM	G		P	0.5MG
LORAZEPAM	G		P	1.0MG
LORAZEPAM	G		P	2.0MG
LOXAPINE	G		P	50MG
LOXAPINE SUCCINATE	G		P	10MG
LOXAPINE SUCCINATE	G		P	25MG
LOXAPINE SUCCINATE	G		P	50MG
MIRTAZAPINE	G		P	45MG

Generic Name	Brand/Generic	Brand Name	Liquid/Pill	Strength
MIRTAZAPINE	G		P	15MG
MIRTAZAPINE	G		P	30MG
NEFAZODONE HCL	G		P	100MG
NEFAZODONE HCL	G		P	200MG
NORTRIPTYLINE HCL	G		P	25MG
NORTRIPTYLINE HCL	G		P	50MG
NORTRIPTYLINE HCL	G		P	75MG
OLANZAPINE	B	ZYPREXA	P	2.5MG
OLANZAPINE	B	ZYPREXA	P	20MG
OLANZAPINE	B	ZYPREXA	P	15MG
OLANZAPINE	B	ZYPREXA	P	7.5MG
OLANZAPINE	B	ZYPREXA	P	10MG
OLANZAPINE	B	ZYPREXA	P	5MG
OLANZAPINE ZYDIS	B	ZYPREXA ZYDIS	P	20MG
OLANZAPINE ZYDIS	B	ZYPREXA ZYDIS	P	15MG
OLANZAPINE ZYDIS	B	ZYPREXA ZYDIS	P	10MG
OLANZAPINE ZYDIS	B	ZYPREXA ZYDIS	P	5MG
OXCARBAZEPINE	B	TRILEPTAL	P	150MG
OXCARBAZEPINE	B	TRILEPTAL	P	600MG
OXCARBAZEPINE	B	TRILEPTAL	P	300MG
PAROXETINE HCL	G		P	10MG
PAROXETINE HCL	G		P	30MG
PAROXETINE HCL	G		P	20MG
PAROXETINE HCL	G		P	40MG
PEMOLINE	G		P	37.5MG
PEMOLINE	G		P	75MG
PEMOLINE	G		P	18.75MG
QUETIAPINE FUMARATE	B	SEROQUEL	P	100MG
QUETIAPINE FUMARATE	B	SEROQUEL	P	200MG
QUETIAPINE FUMARATE	B	SEROQUEL	P	25MG
QUETIAPINE FUMARATE	B	SEROQUEL	P	300MG
RISPERIDONE	B	RISPERDAL	P	0.25MG
RISPERIDONE	B	RISPERDAL	P	0.5MG
RISPERIDONE	B	RISPERDAL	P	1MG
RISPERIDONE	B	RISPERDAL	P	2MG
RISPERIDONE	B	RISPERDAL	P	3MG
RISPERIDONE	B	RISPERDAL	P	4MG
RISPERIDONE ODT	B	RISPERDAL M-TAB	P	0.5MG
RISPERIDONE ODT	B	RISPERDAL M-TAB	P	1MG
RISPERIDONE ODT	B	RISPERDAL M-TAB	P	2MG
SERTRALINE HCL	B	ZOLOFT	P	25MG
SERTRALINE HCL	B	ZOLOFT	P	100MG
SERTRALINE HCL	B	ZOLOFT	P	50MG
THIORIDAZINE HCL	G		P	50MG
THIOTHIXENE	G		P	10MG
THIOTHIXENE	G		P	2MG
THIOTHIXENE	G		P	5MG
TIAGABINE HCL	B	GABITRIL	P	12MG
TIAGABINE HCL	B	GABITRIL	P	16MG
TIAGABINE HCL	B	GABITRIL	P	2MG
TIAGABINE HCL	B	GABITRIL	P	4MG
TOPIRAMATE	B	TOPAMAX	P	100MG
TOPIRAMATE	B	TOPAMAX	P	200MG
TOPIRAMATE	B	TOPAMAX	P	25MG
TRAZODONE HCL	G		P	150MG
TRAZODONE HCL	G		P	100MG
TRAZODONE HCL	G		P	300MG
TRAZODONE HCL	G		P	50MG
TRAZODONE HCL DIVIDOSE	B	DESYREL	P	150MG
TRIFLUOPERAZINE HCL	G		P	5MG
TRIFLUOPERAZINE HCL	G		P	10MG
TRIFLUOPERAZINE HCL	G		P	2MG

Generic Name	Brand/Generic	Brand Name	Liquid/Pill	Strength
TRIHENYDROXYMETHYL HCL	G		P	2MG
TRIHENYDROXYMETHYL HCL	G		P	5MG
VALPROIC ACID	G		L	250MG/5ML
VALPROIC ACID	G		P	250MG
VENLAFAXINE HCL	B	EFFEXOR	P	25MG
VENLAFAXINE HCL	B	EFFEXOR	P	37.5MG
VENLAFAXINE HCL	B	EFFEXOR	P	50MG
VENLAFAXINE HCL	B	EFFEXOR	P	75MG
VENLAFAXINE XR	B	EFFEXOR-XR	P	37.5MG
VENLAFAXINE XR	B	EFFEXOR-XR	P	75MG
ZIPRASIDONE	B	GEODON	P	40MG
ZIPRASIDONE	B	GEODON	P	60MG
ZIPRASIDONE	B	GEODON	P	80MG
ZOLPIDEM TARTRATE	B	AMBIEN	P	10MG

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.										
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) HealthTrans <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;">SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 40%;">E-MAIL ADDRESS</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>MAILING ADDRESS 6061 S. Willow Drive, Suite #125</td> <td>BUSINESS ADDRESS 6061 S. Willow Drive, Suite #125</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Greenwood Village, CO 80111</td> <td>CITY, STATE, ZIP CODE Greenwood Village, CO 80111</td> </tr> </table>			SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	<hr/>		MAILING ADDRESS 6061 S. Willow Drive, Suite #125	BUSINESS ADDRESS 6061 S. Willow Drive, Suite #125	CITY, STATE, ZIP CODE Greenwood Village, CO 80111	CITY, STATE, ZIP CODE Greenwood Village, CO 80111
SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS										
<hr/>											
MAILING ADDRESS 6061 S. Willow Drive, Suite #125	BUSINESS ADDRESS 6061 S. Willow Drive, Suite #125										
CITY, STATE, ZIP CODE Greenwood Village, CO 80111	CITY, STATE, ZIP CODE Greenwood Village, CO 80111										
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 3 1 - 1 7 2 8 8 4 6 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> <div style="width: 45%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS </div> </div> <hr/> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - <div style="text-align: right; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</div>		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.								
4 PAYEE RESIDENCY STATUS	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input checked="" type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 20px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>										
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 65%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Larry Krug</td> <td style="width: 35%;">TITLE Senior Vice President Sales</td> </tr> <tr> <td>SIGNATURE </td> <td> DATE 08/15/2005 TELEPHONE (800) 950-9120 </td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Larry Krug	TITLE Senior Vice President Sales	SIGNATURE 	DATE 08/15/2005 TELEPHONE (800) 950-9120				
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Larry Krug	TITLE Senior Vice President Sales										
SIGNATURE 	DATE 08/15/2005 TELEPHONE (800) 950-9120										
6	Please return completed form to: Department/Office: Department of General Services Unit/Section: Procurement Division Mailing Address: 707 3rd Street, 2nd Floor City/State/Zip: West Sacramento, CO 95605 Telephone: (916) 375-4519 Fax: (916) 375-4613 E-mail Address: debra.berry@dgs.ca.gov										